

Special Needs Trust Budget Plan

Income & Recurring Expenses

TOTAL MONTHLY INCOME _____

- Government Benefits _____
 - SSI _____
 - SSDI _____
 - Housing grant _____
 - Others _____
- Employment _____
- Other _____

BENEFICIARY (Full Name): _____

Date the budget was set up: _____

Date for update: _____

EXPENSES -----

- Household:*
- Mortgage/Rental* _____
 - Utilities (Electricity, heat, water)* _____
 - HOA/Condo fee* _____
 - Utilities hookup and connection charges* _____
 - Property taxes* _____
 - Maintenance _____
 - Cleaning _____
 - Laundry costs _____
 - Home modifications _____
 - Other _____
- Care Assistance:*
- Live-in _____
 - Respite _____
 - Custodial _____
 - Other _____
- Personal Needs:*
- Groceries* _____
 - Haircuts, beauty shop _____
 - Telephone _____
 - Cell phone _____
 - Internet Service _____
 - Cable _____
 - Cigarettes _____
 - Books, magazines, etc. _____
 - Allowance _____
 - Transportation _____
 - Vitamins/Specific Diet _____
 - Medicine _____
 - Other _____
- Employment:*
- Provider fees _____
 - Attendant _____
 - Training _____
 - Other _____

- Special Equipment:*
- Computer/tablet _____
 - Other technology _____
 - Repair of equipment _____
 - Audio books _____
 - Guide dog _____
 - Hearing Aids/Batteries _____
 - Wheelchair _____
 - Other _____
- Medical/Dental Care:*
- Dental care _____
 - Therapy _____
 - Nursing services _____
 - Well Check-up/ Sick Visits _____
 - Eye Exams _____
 - Glasses/Contact Lenses _____
 - Other _____

- Automobile/Van:*
- Payments _____
 - Gas/Oil/Maintenance _____
 - Other _____
- Insurance:*
- Medical/Dental _____
 - Burial _____
 - Automobile/Van _____
 - Housing/Rental _____
 - Homeowner's Insurance** _____
 - Other _____
- Miscellaneous:*
- Other _____
 - Other _____
 - Other _____

- Entertainment:*
- Dining out* _____
 - Sporting Events _____
 - Movies _____
 - Vacation _____
 - DVDs, Videos, Games _____
 - Camps _____
 - Religious Organization/activities _____
 - Pet care/supplies _____
 - Other _____
- Education:*
- Fees _____
 - Tuition _____
 - Books, materials _____
 - Conferences _____
- Clothing/shoes* _____

EXPENSES _____

(Subtract)
TOTAL MONTHLY INCOME _____

(Equals)
SUPPLEMENTARY NEEDS _____

* Those payments may cause one third reduction in SSI benefits

** Homeowner's insurance if the insurance is a mortgage requirement may cause one third reduction in SSI benefits

